

**UTAH MEDICAID NURSING FACILITY  
QUALITY IMPROVEMENT INCENTIVE (3) APPLICATION  
Improve HVAC System (Rule R414-504-4)  
State Fiscal Year 2008**

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**This form and all supporting documentation is due on or before June 8, 2008**

Facility Name: \_\_\_\_\_

Medicaid Provider I.D. \_\_\_\_\_ Administrator: \_\_\_\_\_

- ☐ This facility has purchased new or enhanced existing heating, ventilating, and air conditioning system(s) (HVAC). This change was part of an overall plan to improve air handling in the facility with resident and visitor comfort as the motivating factor. **A detailed description of the HVAC changes is attached.**
- ☐ The HVAC system(s) was purchased and installed on or after July 1, 2005. **Attached are invoices or similar that denote the date of purchase and installation.**
- ☐ **Proof of purchase, including invoices as well as proof of payment (i.e., cancelled checks, etc.) are included in this submission.**

Qualifying facilities may receive up to \$162 per Medicaid Certified bed (count as of 7/1/2007) under this incentive. Facilities will not receive more than was expended under this incentive. **Examples** of possible payments under this incentive are as follows:

Facility "A" with 100 Medicaid certified beds documented expenses of \$15,000 for their HVAC changes. The facility would receive \$15,000 (100 beds \* \$162 = \$16,200. This amount exceeds the amount expended, so the facility would receive 100% of the documented costs for the change which is \$15,000.).

Facility "B" with 50 Medicaid certified beds documented expenses of \$10,000 for their HVAC changes. The facility would receive \$8,100 (50 beds \* \$162 = \$8,100.).

**Please ensure the supporting documentation includes proof of payment (i.e., cancelled check(s), financial debt instrument, etc.). Failure to include all of the above detailed information will prevent the facility from qualifying.**

By submitting this application I certify that all of the above criteria have been met.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_